

Department of Taxation and Finance

Expedited Claim for Refund for Indian Tax-Exempt Cigarette Sales

Use Form CG-114-E only for refunds of Indian tax-exempt cigarette sales. See Form CG-114-E-I for instructions before completing this form.

CG-114-E

Transaction Desk Audit Bureau — FACCTS/Cigarette Tax Tax Law — Sections 471, 471-e, and 1121

Legal name of	claimant	Employer identification number (EIN) Agent's license number						
Street address					Social Security num	nber	Mark all tha	t apply:
City State		State ZI	ZIP code NYS sal		es tax identification number		agent wholesaler	
	Column A	Column B	Col	lumn C	Colu	ımn D		Column E
Date stam were purch (mm-dd-y)	Cig tax stamp	Prepaid sales tax per pack (see instructions)	Nui	mber of tamps	Cigarette tax paid (A × C)		Prepaid sales tax paid (B × C)	
	5.35							
	6.6875							
-								
-								
-								
Totals								
•	arette tax paid (from col	,						
	paid sales tax paid <i>(froi</i>							
3 Total reit	ınd requested (add lines	s 1 and 2)					3.	
For prior appi	oval sales, complete th	ne schedule on th	ie back.					
Caution: Read	this certification before	signing. Presentir	ng a false or f	fraudulent	claim constitutes a felo	ony (Penal Law	, § 175.35).	
Certification: cigarette packa cigarette sellers cigarettes were above describe	I hereby certify that the for ages as required by law; the s; that the claimant either brought or delivered to the d stamps; that no credit for including the prepaid sales	oregoing statement in the packages of accepted Indian taxes purchaser's quale or the prepaid sales	is true and co cigarettes to c exemption c ified reservat tax has beer	orrect in even which succoupons or ion; that no n heretofor	ery particular; that the h stamps were affixed received prior approv o claim has been herel e claimed on a sales t	cigarette tax st were sold to In al for the sale(s tofore presente ax return; and t	amps describe dian nations o) from the Tax d for the reden	r tribes and reservation Department; that the nption of any of the
Authorized	Printed name of authorized pe	erson	Signature	of authorize	d person	Of	ficial title	
	Email address of authorized p	erson				Telephone numb	per	Date

Telephone number

Address

Firm's EIN

Preparer's PTIN or SSN

Date

ZIP code

State

Preparer's NYTPRIN

Firm's name (or yours if self-employed)

Signature of individual preparing this claim

Email address of individual preparing this claim

Paid preparer

use only

(see instr.)

Prior approval sales

	T							
Reporting confirmation number	Pt	urchaser's name						
For auditor's use only								
Amount allowed: \$	Audited by	(Examiner)						
		(Examiner)	(Date)					
Approved for payment:	Audited by	(Comptroller)	(Date)					
	For office use only							
Tot office use offing								

Mail your claim form and any related attachments to:

NYS TAX DEPARTMENT TDAB FACCTS - CIGARETTE TAX UNIT W A HARRIMAN CAMPUS ALBANY NY 12227-2992